

Foster Family Home - Corrective Action Report

Provider ID: 1-634396

Home Name: Adela R. Corpuz, CNA

Review ID: 1-634396-9

94-252 Kipou Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/8/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 7/8/19. Corrective Action Report issued during home inspection with all items due to CTA by 8/8/19.

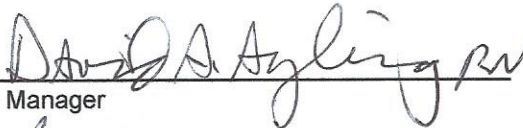
6.(d)(1) - see applicable sections of the review

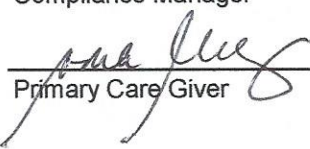
Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) - No current TB clearance for CG #4. Expired on 9/18/18.


Compliance Manager


Primary Care Giver

7/8/19
Date

7/8/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: ADELA R. CORPUZ, CNA

CCFFH Address: 94-252 KIPOU ST. WAIKALUA, HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(7)	I received a current TB clearance FR CGA and placed it in my CCFFH binder.	7/10/19	I placed the expiration dates for TB for CG's on my iPhone calendar. I set the reminder for 2 weeks prior to expiration.

Primary Caregiver's Signature: *Adela Corpuz*

Print Name: ADELA R. CORPUZ Date of Signature: 7/10/19